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Via Email Submission: RTP.Guidelines.Update@dot.ca.gov

RE: Comments on 2016 Draft California MPO Regional Transportation Plan Guidelines

Dear Ms. Martinez-Velez:

On behalf of the California Pan-Ethnic Health Network (CPEHN), I want to thank you for the opportunity to provide comments on the July 6, 2016 draft updates to the Regional Transportation Plans (RTP) Guidelines. The California Pan-Ethnic Health Network (CPEHN) is a statewide multicultural health advocacy organization that works to ensure all Californians have access to quality health care and to promote equitable healthy land use and planning in underserved communities. We gather the strength of communities of color to build a united and powerful voice for health equity in all policies.

General Comments:

Land use, neighborhood designs, and transportation systems have enormous influences on health outcomes and can directly impact rates of health conditions such as asthma, diabetes, obesity, depression, injuries and some cancers. Promoting strategies to reduce environmental pollutants, encourage walking and bicycling, increase access to healthy, affordable food options, and engage community members in decision-making processes are key to creating a healthier population and more prosperous state. To this end, CPEHN sponsored Assembly Bill 441 (2012, Monning), which seeks to embed best practices for implementing these strategies in regional transportation planning throughout the state. Accordingly, we are pleased to see the inclusion of the practices, policies and projects from the Metropolitan Planning Organizations (MPOs) in this RTP Guidelines update.

While updating the draft Guidelines is a step in the right direction, there remains tremendous opportunities to set transportation planning across the state toward a more robust health and equity framework. The comments below reflect our review of the newly added Section 2.3 on Promoting Health and Appendix L on Promoting Health and Health Equity in MPO RTPs, Section 4.3 on Social Equity Factors, Section 4.4 on Participation Plans and incorporates feedback from regional community meetings hosted by CPEHN in partnership with the Safe Routes to School National Partnership, Public Advocates, and Climate Plan. These meetings were held in July 2016 in Los Angeles, Fresno, and Oakland. In summary, our comments include the following recommendations:

Section 2.3: Promoting Health

1. Strengthen connection between community health, health equity and transportation planning.

Appendix L: Promoting Health and Equity in MPO RTPs

2. Develop a framework and checklist to illustrate how MPO policies, projects and practices meet public health goals.

Section 4.2: Social Equity Factors

3. Strengthen best practices to encourage robust engagement of communities most affected by health inequities driven by planning and development, especially communities of color.
4. Encourage local governments and MPOs to conduct education and outreach before beginning the formal input process.

Section 4.4: Participation Plan

5. Include local public health departments as stakeholders the MPOs should engage in developing their participation plan.

Additional Recommendation

6. Create and include the civil rights section submitted by Public Advocates.

Specific Feedback:

Section 2.3: Promoting Health

Recommendation 1: Strengthen connection between community health, health equity and transportation planning.

The draft RTP Guidelines include a new section detailing ways transportation planning is important for promoting health. We appreciate the introduction this new section and commend the clear explanation of the direct health benefits associated with equitable and strategic transportation planning. However, this section may be strengthened with a deeper analysis of the role transportation planning plays in community health and equity.

Amend Section 2.3 to add the following (p. 27):

Improving transportation infrastructure in ways that encourages walking and cycling is an effective way to improve physical activity, decrease traffic collisions, and improve one's health status. But, transportation planning also has a tremendous impact on community health, safety, and neighborhood cohesion.

For instance, health-focused transportation plans can help reduce the number of injuries and fatalities from collisions. Some research suggests that there is a multiplier effect: when streets are designed to safely accommodate walking and biking, more people do so, and as more people walk and bike the rate of collisions actually goes down as pedestrians and bicyclists become more visible to motorists. In addition, more people out walking and biking in a neighborhood has an important public safety benefit, as it means there are more "eyes on the street" to deter criminal activity. Taking this a step further, studies have shown that people who live in neighborhoods with less traffic and higher rates of walking, bicycling, and transit use know more of their neighbors, visit their neighbor's homes more often, and are less fearful of their neighbors. When streets are inhospitable to pedestrians and bicyclists, residents don't feel safe walking or biking to nearby transit and their ability to access regional educational and employment opportunities is hampered. In short, improving traffic safety results in better public health beyond simply reduced injuries and fatalities.

Additional examples of how transportation planning can promote health include:

- Transportation planning can help residents reach jobs, education, social services, and medical care by walking, biking or public transportation in a timely manner.
- Reducing commute times and increasing public transportation reliability can reduce stress and improve mental health.
- Affordable transportation options enables low income households to invest in savings, education, and healthier food options—all factors that contribute to greater individual and community health.

Appendix L: Promoting Health and Equity in MPO RTPs

Recommendation 2: Develop a framework and checklist to illustrate how MPO policies, projects and programs meet public health goals.

Assembly Bill 441 requires the RTP Guidelines to include a summary of the projects, policies, and practices that MPOs are employing to promote health and health equity. While Appendix L does provide a summary of the projects, policies and practices, it misses an important opportunity to frame and analyze how these meet public health goals. Appendix L can provide a checklist to illustrate how each regions' RTP health-related strategies meet key public health goals.

Take for example the Southern California Association of Governments’ (SCAG) Public Health Appendix for its 2016 RTP.¹ Their appendix includes a description of the RTPs goals and a checklist of how it addresses public health focus areas:

TABLE 1 Public Health Focus Areas and Plan Goals

RTP Goals	Access to Essential Destinations	Affordable Housing	Air Quality	Climate Adaptation	Economic Opportunities	Physical Activity	Transportation Safety
Maximize mobility and accessibility for all people and goods in the region.	✓	✓			✓	✓	✓
Ensure travel safety and reliability for all people and goods in the region.	✓						✓
Preserve and ensure a sustainable regional transportation system.			✓	✓	✓	✓	
Maximize the productivity of our transportation system.	✓	✓			✓		
Protect the environment and health of our residents by improving air quality and encouraging active transportation.		✓	✓	✓		✓	✓
Actively encourage and create incentives for energy efficiency, where possible.			✓	✓	✓		
Encourage land use and growth patterns that facilitate transit and non-motorized transportation.	✓	✓	✓	✓		✓	
Maximize the security of the regional transportation system through improved system monitoring, rapid recovery planning, and coordination with other security agencies.							✓

Figure 1 SCAG Public Health Index (2016 RTP SCS)

In fact, similar to how a health impact assessment systematically evaluates data and inputs to determine the potential health impacts of a policy on a population, Appendix L could serve as a broad analysis on how the policies, practices and projects employed by each MPO actually meet public health goals. To achieve this, Appendix L should include a clear framework of why it is important to prioritize health and health equity in transportation planning and identify key public health and health equity goals. The policies, projects, and practices included in Appendix L, then, should be analyzed with a checklist of the identified public health goals so that readers can visually identify how each region’s policies, practices and projects specifically address health and health equity.

Section 4.3: Social Equity Factors

The draft RTP Guidelines designate a new section for social equity factors. Within this section includes existing best practices for MPOs to ensure community involvement. While these practices are appropriate and proven strategies, this section could go much further in engaging the community in a robust and proactive manner.

Recommendation 3: Strengthen best practices to encourage robust engagement of communities most affected by health inequities driven by planning and development, especially communities of color.

The communities that are most affected by health inequities linked to transportation, land use and development have been working to promote policy change locally for decades. Our recommendations for improving community engagement are grounded in these lessons learned and feedback from our community meetings.

Moving forward it is critical that the communities experiencing health inequities are part of the planning process. Past efforts demonstrate the negative impact of such exclusion. There are numerous examples of transportation projects that have had negative consequences on predominately low-income communities of color, including significant numbers of displaced families, and this has led to distrust of local government among low-income, immigrant, Limited English Proficient (LEP), and communities of color. Below are recommendations for ensuring disadvantaged communities and those most impacted by environmental, land use, and transportation decisions are included in this and other key decision-making processes.ⁱⁱ

A. Amend Section 4.3 to encourage the following community engagement strategies and best practices as part of MPO planning processes (p. 101):

- Create resident advisory committees or roles within existing committees with decision-making authority and identify opportunities for disadvantaged communities to serve as representatives on decision-making bodies.
- Expand the list of potential partners to include: schools, the faith community, agriculture and food hubs, local business or chambers of commerce, health providers and public health sectors, funders/philanthropy, academia, and environmental health/justice advocates, libraries, law enforcement, parks and recreation, and the technology industry.
- Create a feedback loop to provide community members information about how their input was included in any drafts and reasons for including/excluding the input.
- Consider the needs to low-income and LEP individuals when translating outreach materials and ensuring that documents are easy to understand (i.e. evaluate the reading level of the materials and quality of translations)
- Make sure that there is agreement between residents and the local planning authority about what community engagement includes
- Educate and build capacity of community members on issues such as data, evaluation, storytelling, and mentoring community members new to the process
- Use a community health worker or *promotora* model to identify resident leaders
- Use facilitators with experience in race and power inequities at community meetings
- Work with community-based and membership organizations across the region to jointly plan public workshops on the RTP, especially the Title VI and Environmental Justice analyses. They know the communities impacted by the RTP transportation projects and can assist with recruiting residents, businesses and other affected stakeholders. Be proactive in asking for their participation instead of waiting for them to come to you.

B. Amend Section 4.3 to replace “minority households” with more specific terminology, such as “communities of color” (p. 101).

California has long been a diverse state. By 2050, communities of color are expected to be 75% of California's population.ⁱⁱⁱ Currently, Latinos are 38% of the population and by 2025 they are expected to reach 42%.^{iv} Latino children are already 52% of the population age 12 and younger.^v Our state is also home to the largest Asian American and fifth largest African American populations in the nation.^{vi} "Minority households" is an inaccurate way to describe communities of color in California. When referring to these communities, use more precise or specific terminology.

Recommendation 4: Encourage local governments or MPOs to conduct education and outreach before beginning the formal input process.

At our recent regional meetings, many community residents raised that they did not know where their MPO is in the process of revising their RTPs. Many felt that meetings were held behind closed doors, little outreach had been conducted, and that even if meetings were publicized they likely would not be able to attend.

Additionally, organizations and individuals interested in providing comments and feedback on the RTPs felt they needed education about key terms and processes before they could truly inform the process. Therefore, we recommend that the RTP Guidelines suggest that MPOs provide an informational seminar/workshop for residents before the planning process to educate community members about the document, the process, and how they can be involved.

As mentioned above, the quality and outcomes of the community engagement process is vitally important to successful community involvement and feedback. While the draft Guidelines provide clarity and insight into seeking community input, the document does little to guide MPOs on how to loop back to community members to share how and why their feedback was or was not included.

Section 4.4: Participation Plan

Recommendation 4: Include local public health departments as stakeholders the MPOs should engage in developing their participation plan (p. 103).

MPOs are required to consult with stakeholders and agencies when developing their plans for public participation. To prioritize health and health equity, public health departments must be considered a key agency for MPOs to consult. Public health departments can serve as critical partners to MPOs and MPOs should leverage their expertise. Public health departments can help inform the public participation plan so that it reaches experts and community members who can advise on the best mechanisms for transportation planning to help address or prevent chronic diseases such as obesity, hypertension, asthma and heart disease.

Additional Recommendation

Recommendation 5: Create and include the civil rights section submitted by Public Advocates.

The current draft Guidelines simply provide federal and state civil rights and environmental justice laws and requirements, but lack meaningful guidance on how to operationalize these requirements. Accordingly, we strongly urge you to include a separate chapter in the Guidelines to on federal and state requirements, as well as best practices, relating to civil rights and environmental justice. Additionally, CPEHN and many of our partner organizations have endorsed “Principles to Guide the RTP Guidelines Update.” We look forward to working with you on integrating these principles throughout the update and urge you to integrate the separate Civil Rights chapter submitted by Public Advocates.

Thank you for the opportunity to provide feedback on the draft guidelines. We support and commend the additions of health to the revised Guidelines. We also strongly urge you to strengthen the community engagement components and linkages to equity and civil rights. We look forward to working with you as revisions to the draft Guidelines proceed.

Should you have any questions, I may be reached via email at kchen@cpehn.org or by phone at (916) 447-1299.

Sincerely,



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ⁱ *Public Health Appendix*. Southern California Association of Governments RTP SCS. April 2016.

ⁱⁱ All of the recommendations are included in “The Green Paper,” Center on Race, Poverty, and the Environment. 2011.

ⁱⁱⁱ “California’s Tomorrow: Equity is the Superior Growth Model.” PolicyLink and USC Program for Environmental and Regional Equity. Available at: www.policylink.org

^{iv} “California’s Future: Population.” Public Policy Institute of California by Hans Johnson. January 2014. Available at: http://www.ppic.org/content/pubs/report/R_114HJ3R.pdf.

^v *Ibid.*

^{vi} “California’s New Majority.” The Greenlining Institute. 2010. Available at: www.greenlining.org.